

EMPLOYMENT OPPORTUNITY

20 East Sixth Street • Tempe, Arizona 85281 • 480/350-8276 • TDD 480/350-8400
<http://www.tempe.gov>

Committed to Equal Opportunity and Reasonable Accommodation



REVISED

EQUIPMENT SERVICES WORKER II (Public Works –Fleet Services)

*****In addition to completing the City of Tempe application, applicants must complete the attached supplemental sheets. Incomplete application or supplemental forms will result in being disqualified from further consideration.***

OPENING DATE: January 30, 2006

CLOSING DATE: Open until needs of the City are met. First review of applications will be **February 13, 2006**– position may close at that time.

ANNUAL SALARY RANGE: \$28,965 - \$39,108

This position is currently listed as FLSA Non-Exempt – eligible for overtime compensation and/or compensatory time.
Employees in this position are represented by the Public Works Union (SEIU)

POSITION INFORMATION

This position will require heavy lifting, walking, standing, climbing and working in cramped positions. Individuals in this classification are exposed to inclement weather, exhaust and chemical fumes, acid, grease, high noise levels and hazardous materials. The City does require that the employee exercise safety precautions. **This position requires employees to work a rotating shift schedule, which may include both day and evening shifts. A post offer, pre-employment physical is required for this position.**

MINIMUM QUALIFICATIONS

Requires one year of experience in service and repair of vehicles and equipment including tire repair, including familiarity with a variety of automotive servicing functions, preferably including familiarity with heavy equipment and some routine system diagnostic experience. Formal or informal education or training which ensures the ability to read and write at a level necessary for successful job performance and the ability to follow written and oral instructions.

APPLICANT REQUIREMENT

Requires possession of, or ability to obtain, an appropriate valid Arizona Driver's License and the possession of, or the ability to obtain within six months of hire, a Arizona Class A Commercial Driver's License. Requires possession of a basic set of mechanic hand tools. If requesting veteran's preference, the appropriate DD214 must be attached at the time of application.

REPRESENTATIVE DUTIES

- ▶ Inspect, dismount, patch, change, replace, rotate, mount and balance tires and tubes on all classes of City Vehicles; determine excessive or improper wear of tires inspected and serviced.
- ▶ Service all types of City equipment; change oil and oil, air, fuel and hydraulic filters; lubricate chassis; test and replace batteries and alternators; test radiator, hoses and wiring for obvious problems.
- ▶ Perform basic diagnostics and repairs on a wide variety of gasoline and diesel equipment and vehicles.
- ▶ Inspect City vehicles for potential equipment failure.
- ▶ Check entire braking system; replace faulty brakes.
- ▶ Make road calls to service disabled City vehicles.
- ▶ Maintain accurate records of all completed work; record parts and petroleum products used.
- ▶ Perform related duties as assigned.
- ▶ For the complete job description go to: <http://www.tempe.gov/hrcc/docs/>

SELECTION CRITERIA

Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. The City of Tempe conducts thorough background checks. **Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment.**

RECRUITMENT CODE: 1979

TLM/pmm

EQUIPMENT SERVICES WORKER II

Supplemental Written Question

The following questions will be used to better assess your skills for the position of **Equipment Services Worker II**. Since this is part of the selection process, it is to your advantage to fully and accurately provide the information requested. When discussing your experience, ensure to include the employer(s) and length of experience.

1. Describe any experience you have working with tires?

Applicant Name

Date

CDL SUPPLEMENT

Name _____ Social Security # _____

Current Address: _____
Street Address City State Zip

Address for the past three years (attach sheet if more space is needed):

_____ How Long? _____
Street Address City State Zip

_____ How Long? _____
Street Address City State Zip

| Please list all unexpired commercial motor vehicle operator's licenses or permits | | | |
|---|----------------|------|-----------------|
| State | License Number | Type | Expiration Date |
| | | | |
| | | | |
| | | | |

| Please list all motor vehicle accidents in which you were involved the past three years regardless of fault. Attach another sheet if more space is needed. | | | |
|--|--|------------|----------|
| Dates | Nature of Accident (Head-On, Rear-End, etc.) | Fatalities | Injuries |
| | | | |
| | | | |
| | | | |
| | | | |

| Please list all traffic convictions and forfeitures, including fines, for the past three years (other than parking violations). Attach another sheet if more space is needed. | | | |
|---|------|--------|---------|
| Location | Date | Charge | Penalty |
| | | | |
| | | | |
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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes ☐ No ☐

B. Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☐

If the answer to either A or B above is yes, please provide details (attach sheet if more space is needed):

Please list your driving experience in the table below. Include the type of medium and/or heavy equipment (i.e. bus, forklift, side loader, backhoe, gang mower, large truck, and crane) you have operated and include the length of time and skill level. Attach sheet if more space is needed.

| Type of Medium / Heavy Equipment Operated | Dates | | Skill Level | | | Please provide any additional information you can regarding: Vehicle's Make and Model; Size; Weight of Equipment; Type of Equipment; and for what employers; etc. |
|---|---------|---------|-------------------|---------------------|--------------|---|
| | From | To | Somewh at Skilled | Moderatel y Skilled | Very Skilled | |
| Example: Refuse Truck | 5/23/99 | 5/22/01 | | | X | Volvo WX; 26,000+ Gross Vehicle Weight; ACME Garbage Collection |
| Refuse Truck(s) | | | | | | |
| Large Fork Lift(s) | | | | | | |
| Bulldozer(s) | | | | | | |
| Street Sweeper(s) | | | | | | |
| Motor Grader(s) | | | | | | |
| Bucket Truck(s) | | | | | | |
| Front-End Loader(s) | | | | | | |
| Large Trucks/Buses | | | | | | |
| Other: | | | | | | |

I hereby certify that all statement contained herein are true to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. I understand that this information is subject to verification with my former employers.

Signature

Date



City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: _____ Recruitment Code (RC#): _____
2. Name (Last, First, Middle Initial): _____
3. Social Security Number: _____
4. Mailing Address: _____
Street Address City State Zip
5. Phone Number: HOME: _____ WORK: _____
6. Driver's License (Number, State, Class): _____
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)
If you are a current City of Tempe employee, are you: Temporary? Regular?
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:

10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
 - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
 - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐

HR Review ☐

Date

Department Review ☐

Date

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

13. Do you have a High School Diploma or a G.E.D.? Yes No

14. Education from an **Accredited** College/University:

| College: | Major: | Type of Degree: | Degree Completed: | Credit Hours: |
|----------|--------|-----------------|-------------------|---------------|
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |

15. Trade and/or Technical Schools:

| Trade/Technical School: | Subject Studied: | Type of Degree: | Degree Completed: | Credit Hours: |
|-------------------------|------------------|-----------------|-------------------|---------------|
| | | | Yes No | |
| | | | Yes No | |

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

| Type of Professional Registration, License, and/or Certification: | License Number (if applicable): | Date Received: | Expiration Date (if applicable): |
|---|---------------------------------|----------------|----------------------------------|
| | | | |
| | | | |

16b. Special training ***that relates to this position:***

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17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

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18. List equipment with which you are proficient in operating ***that relate to this position:***

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19. Language Proficiency (Other than English):

| Language: | Speak: | Read: | Write: |
|-----------|-----------|-----------|-----------|
| | Yes No | Yes No | Yes No |
| | Yes No | Yes No | Yes No |
| | Yes No | Yes No | Yes No |

20. **May we contact your current employer if you are considered for hire/promotion?** Yes No

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Present/Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

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| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Present/Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | | | |
|--------------------------------|---------------------------------|-----|---------|
| Employer: | Type of Business: | | |
| Address: | Phone: | | |
| Job Title: | Number of Employees Supervised: | | |
| Supervisor (Name/Title/Phone): | | | |
| Employment Dates: from | (Mo/Yr) | to | (Mo/Yr) |
| Total Time Employed: | | Yrs | Mos |
| Hours Per Week: | Ending Wage: \$ | | Per |
| Work Performed: | | | |
| Reason for Leaving: | | | |

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

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22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes No If Yes, provide charges, dates and locations:

| |
|--|
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|--|

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: _____ Date_____

Applicant Signature_____ Date_____

The City of Tempe does not accept faxed copies of applications.



Voluntary Employment Data Record

Completing this form is optional. This information will be filed separately from your application and will not be used for recruitment purposes.

Position Applied for: _____ RC#: _____

Name: _____ Date: _____
Last First

Gender: Female Male

Disabled: Yes No

Ethnic Group:

White

Black

Hispanic

Asian

American Indian

Other

Age Group:

16 and under

17 – 20

21 – 29

30 – 39

40 +

Highest grade completed: _____

How did you hear about this position: _____